

# Outreach Strategies Used to Provide Integrated Care for Cambodians in Long Beach, CA



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## INTRODUCTION:

In order to change the present, one has to understand the past and apply it to the future. PACS was contracted to provide integrated care to Cambodians. But the Western concept of “integrated” care is often limited to medical and behavioral health services and a shared client chart.

For many Asians, well-being results from harmony – harmony from within and harmony with the external world. A well person is balanced among the mind, body and soul, not separate elements.

To provide integrated care to Cambodians implies the person will be helped with his/her emotional, physical and spiritual problems.

# Mental Health Service Act (MHSA)

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- In November 2004, the voters of California approved Proposition 63 to levy a 1% income tax on individuals whose income was above \$1 million per year to help provide services to people with mental illness. This became known as the Mental Health Service Act (MHSA) which had five different components.
- One of these plans was Innovation and it was to:
  - Develop creative ways to increase a community's access to integrated care
  - Identify and develop strategies to overcome stigma
  - Educate the community about mental health (emotional well-being)
  - Overcome disparity for underserved communities

## Integrated Service Management Model (ISM)

- In 2010, the Los Angeles County DMH issued an RFP for 4 programs under this plan. One of them was the “Community Designed Integrated Service Management Model” or **ISM**. It was funded for 14 ethnic communities.
- Four of the ISMs were designated for API communities:
  - **Cambodian**
  - **Chinese**
  - **Korean**
  - **Chinese**
- The ISM contract was for three years, commencing in Q4 of FY2011-2012 and will end at the end of FY2014-2015.
- **The Cambodian ISM was named “Integrated Network for Cambodians**

## CONDITIONS OF THE ISM:

- Each of the API ISMs was funded for approximately \$607,000; total contract with MediCal leveraging was \$1,114,471.
- Enrolled clients in the ISM must meet the medical necessity criteria for specialty mental health services AND have a medical condition that requires ongoing care and/or a substance abuse issue. Medical treatment was to be provided by a ***Federally Qualified Health Center (FQHC)***.
- Each FY, the API ISM must outreach to a minimum of 160 individuals and enroll 54 unduplicated clients.
- 60% must be indigent and clients can be in any age category.
- ISM funding can provide support services such as transportation, linkages, referrals, wellness activities, and follow-up.
- A holistic approach is encouraged which allows for the inclusion of non-traditional (non-Western) healing practices such as Buddhist ceremonies, acupuncture, massage, meditation, coining, cupping, etc.

## Strength-based Approach

INC used a strength-based approach and subcontracted out to community based organizations (CBOs) with expertise and connections.

- The Cambodian CBOs focus on the Outreach, Education and Engagement (OEE) services for INC.
- Their staff called community navigators are reimbursed for their OEE services.
- A team model was developed. The community navigators' input was valued when developing services for INC clients.

### • INC is made up of PACS and six community partners:

- The Children's Clinic (TCC) – the FQHC
- Asian American Drug Abuse Program (AADAP) – substance abuse provider
- Cambodian Associations of America (CAA)
- Families in Good Health (FiGH)
- Khmer Girls in Action (KGA)
- United Cambodian Community (UCC)



## INC's OEE Strategies – what we learned

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- The process of implementing integrated services took longer than anticipated
  - First, the community navigators needed to be educated about mental illness and substance abuse. They had to become comfortable with it themselves.
  - Second, the team did not fully understand the level of stigma in the community and how to best address this. It took trial and error to discover what worked.
  - Third, developing translated materials that were culturally sensitive and appropriate to the educational level of the targeted population took many deep discussions.
  - Community members have to trust an organization before they will accept services, even medical care. The trauma level in the community and their experiences with governments in their country were major deterrents to seeking help even in severe situations.

## INC Outreach, Education and Engagement Strategies

<b>INC Outreach and Engagement</b>			
	<b>FY 12-13</b>	<b>FY 13-14</b>	<b>FY14-15</b>
Events	4351	2990	162
Individuals	4863	2586	553
<b>Total Outreach:</b>	<b>9214</b>	<b>5576</b>	<b>715</b>

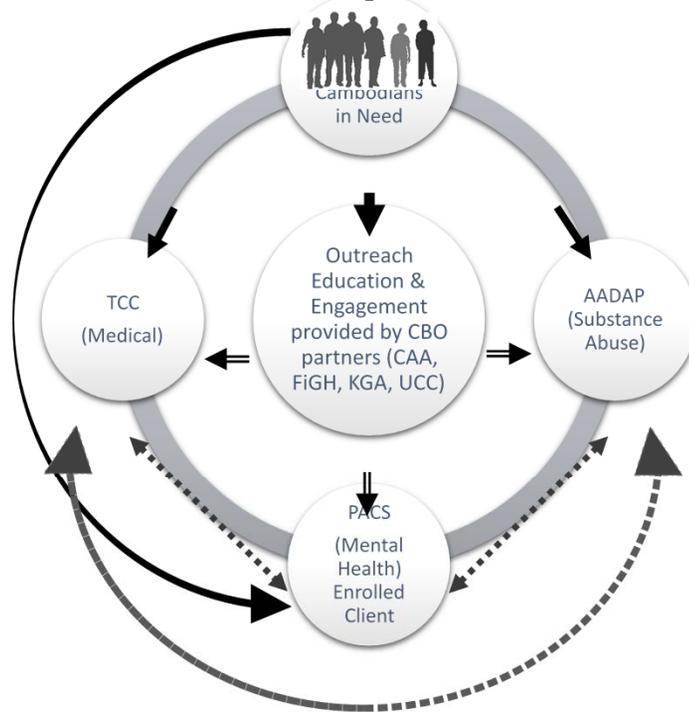
The contact numbers do not reflect the number of unduplicated individuals who were contacted. Many people needed to be contacted more than once at different stages in their relationship to the CBO.

FY12-13 was focused on intensive outreach using larger community events and reviewing individuals within the programs of the community partners.

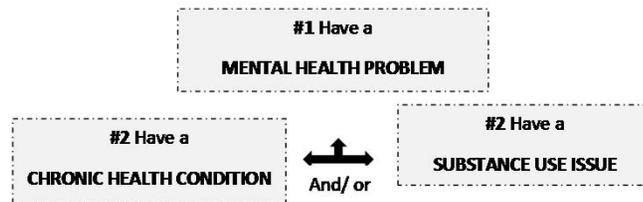
FY13-14 the work became more focused on individual contacts and more door to door outreach. Multiple contacts were needed for a significant number of potential clients. As the community navigators became more knowledgeable about mental health issues, they could assess individuals better. They were also better able to share with their colleagues about the INC Program and cross-referrals from within a CBO occurred more frequently.

FY14-15 figures are only through October 2014.

**Flow Chart for Client Enrollment into INC –  
No wrong door**



**Note: To be enrolled in INC, a person must have criterion #1 plus criterion #2:**



## In the middle

- This chart shows that over time, the OEE strategies improved so that in FY2013-2014, the number of referred clients almost matched the number who enrolled in INC. This meant that the engagement and education of prospective clients was very successful. They were prepared to use the offered services.

Currently, the number of enrolled clients is limited by workforce shortage issues.

- PACS has only three FT Cambodian clinicians, two FT case managers and 2 PT family advocates.
- Each is carrying a full client caseload as well as providing many additional support activities and services to the Cambodian clients.
- INC has developed traditional healing and spiritual practices to help the healing of its clients.
- Referrals and linkages to CBOs are provided upon graduation from INC. It is often difficult for INC clients to “terminate from the program as they develop familial feelings towards the staff. We are developing more transitional activities for clients during the recovery period so they do not feel abandoned and thus re-traumatized.

# of Referred Clients		
FY12-13	FY 13-14	FY14-15*
39	58	24

Unduplicated Enrolled INC Clients		
FY 12-13	FY 13-14	FY14-15
66	55	10

# OEE Strategies

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- Enlist the CBOs that are known and trusted in the community. Pay them for their work.
- Have properly translated materials that are geared to the educational level of the targeted population
- Use a “no wrong door” approach. Many clients went to the CBO for assistance, were referred to the FQHC for medical services, and then accepted help from INC for mental health services.
- People will need concrete help such as finding housing, food, clothing, negotiating with the landlord, etc. If they are helped in these areas, they will trust the program. Basic needs must be met first.
- Be patient. Understand that it might take several tries over a long period of time.
- A warm hand-off is very good way to introduce mental health staff. INC staff go to meet the client at the community navigator’s office. They are introduced as colleagues, even friends. Allow the prospective client to bond with the clinical staff.

# OEE Strategies

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- Community navigators often take the referred person to PACS. This assures them that PACS is a legitimate organization. It helps them figure out where PACS is and how to get there in the future.
- Listen to the client. If the intake is uncomfortable, divide it up into two or even three shorter sessions while a bond is created. Cambodians, especially older adults are not comfortable with so many direct, intrusive questions.
- Do a great job – word of mouth is a powerful way to outreach.
- Nearly all of the enrolled clients are adults or older adults. OEE has not been as successful with the TAY or child population.
- PACS does not have a Wellness Center for recovering and recovered API clients.
  - This is an important identified need, especially for the Cambodian clients in the Long Beach facility.

# OEE Strategies

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- Staff is currently working to assess the impact of INC in the Cambodian community beyond the work with enrolled clients.
- The community navigators often provide assistance to people who do not qualify for INC or don't wish to be enrolled.
- They make referrals to help with housing, transportation, food, medical assistance, enrollment for benefits, classes such as ESL and social activities.
  - This data are being collected as mid FY13-14 and have not yet been analyzed.
- We hypothesize that this information will show that the reach of INC and the impact on the community is far greater than originally thought.

# OEE Strategies

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- Staff have contacted Khmer TV and radio.
  - They are interviewed or provide reports on the INC Program as well as areas of interests such as the normal developmental stages of an infant, parenting techniques, etc.
  - These go out to Cambodia as well as to Cambodians in the U.S.
- Staff have started outreach to Christian ministers since they are a force in the community.
- There is an INC Facebook page where activities and photos are posted. Activities are also posted on the PACS Facebook or that of the Executive Director.
- The re-designed website which went live at the end of November 2014 has a section on the INC Program including the translated materials.
- Clients and staff are involved in community activities such as the Cambodia Town Culture Festival, Anniversary Dinner of Cambodia Town, Inc. or attending events such as the recent report on the trial of a Khmer Rouge leader in Cambodia by an international tribunal.
- Staff contact Cambodian physicians or centers such as the Community Medical Wellness Center or Karing Pediatrics as well as Cambodian groups such as MAYE.

## SEEK THE CLIENTS' PERSPECTIVE ON MENTAL ILLNESS AND RECOVERY

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POV of Cambodian clients about mental illness: the symptoms were caused by their situation so they felt that if those problems were resolved such as finding a job or home, the mental illness would go away.

### What INC clients think about recovery

- To feel better like they did before they got “sick”
- If they had auditory or visual hallucinations, they didn't want to worry about the messages that the voices are telling them.
- To be able to sleep or to sleep better.
- To know that their lives have meaning and to find a way to pass their knowledge on to their children.
- To know someone has listened to them
- To be treated in a respectful way
- To know how to navigate in the American world.
- To learn English so they can get a job.
- To start their own business if they could get some financing

Physical aches and pains, headaches, sad feelings, etc. are a sign of their state of mind. Many clients report that when they are engaged in an activity such as going to being a counseling session, participating in the support group or being at a Blessing Ceremony, they feel better and those aches and pains disappear during that time of activity.



BE BLESSED!  
From the INC Staff





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